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CONFIRMATION NO. 6602

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/773,402 | FILING DATE<br>02/09/2004<br><br>RULE | CLASS<br>042 | GROUP ART UNIT<br>3644 | ATTORNEY<br>DOCKET NO.<br>20040206 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Clive Rawlinson Paige, Shenzhen, CHINA;

*JP*

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/446,536 02/12/2003

*JP* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* SMALL ENTITY \*\*

|  |                              |  |                      |                            |
|--|------------------------------|--|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CHINA | SHEETS<br>DRAWING<br>3                   | TOTAL<br>CLAIMS<br>6 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | Verified and<br>Acknowledged | Examiner's Signature<br><i>W. J. ...</i> | Initials             |                            |

ADDRESS

AIR MAIL

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TITLE

Prismatic boresighter

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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